NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE THROUGH 10/31/2001 10/01/2001 Medical Record No. HARTING FOR Telephone No. nysician LINDERUTH, PSYCH, ANGELA Alt. Telephone lt. Physician Rehabilitative Potential NO KNOWN DRUG ALLERGY llergies

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Complete Entries Chacked:

EXHIBIT D



Millcreek Community Hospital

MEDICAL RECORDS EMERGENCY ROOM /OUTPATIENT

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LAST NAME FIRST NAME MIDDLE NAME	HOME PHONE	DATE AND TIM	E	,	EMERGENCY ROOM	NO.
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CONSENT FORM MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509

CONSENT TO HOSPITAL CARE: THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL! (HOSPITAL!) OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL, AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES, THE UNDERSIGNED PA TIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF INJURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE, THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN. SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRE-SENT DURING PATIENT CARE AS PART OF THEIR EDUCATION.

RELEASE OF INFORMATION: THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE, AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT THE MEDICAL DECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OF THE

	ON. PAYMENT BY THE INSU	RANCE COMPANY, OR OTHER PERSON UNDER OBL S FOUND.	
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BECAUSE THE PATIENT IS AN UNEMANCIPATE UNDERSIGNED.	D MINOR, OR IS UNABLE TO	SIGN. THE ABOVE CONSENT IS GIVEN ON THE P	ATIENT'S BEHALF BY THE
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		OUT FROM THE MILLCREEK COMMUNITY HOSPITAL GE, I HEREBY RELEASE MY PHYSICIAN, THE HOSPIT	
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		er physician and/or the Medical Staff. In dema n any and all responsibility for the care. tre	
(WITNESS)		(SIGNATURE)	·
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(DATE)	TIME(CIRCLE ONE)	(RELATIONSHIP TO PATIENT)	FORM 1110

00000004



5515 Peach Street • Erie, PA 16509 • 814/864-4031

Millcreek Community Hospital

GREEN, IT. J É

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

INFORMATION ON F	ADVANCE DIRECTIVES WAS PRESENTED TO ME AS
TINIBD ABOVE.	I "DO" HAVE AN ADVANCE DIRECTIVE DOCUMENT WITH ME AT THIS TIME
	I "DO" HAVE AN ADVANCE DIRECTIVE, BUT I' IS NOT WITH ME AT THIS TIME
_2	I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME
	I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME

Providing total health care since 1950

FORM 1140

Name	77RONE	GREEN
Date	8/27/	61

MILLCREEK COMMUNITY HOSPITAL 5515 Peach Street Erie, PA 16509

ORTHOPEDIC INSTRUCTIONS

(\cdot)	Keep your cast/dressings clean and dry.
$(\)$	Do not put anything inside your cast/dressings
: う	Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
:5	Check toes and fingers frequently for swelling.
·)	Move toes and fingers frequently to prevent swelling and stiffening.
()	Do not bear weight for hours on a walking cast
)	Always wear cast boot when bearing weight on walking cast.
7	Wear arm sling
)	Use your crutches as directed and always bring them to every appointment.
)	Never trim or cut down the length of your cast by yourself.
Y	Call Millcreek Community Hospital at (864-4031) if:
	 a. Pressure points or rubbing develops under your cast. b. Your exposed body area (fingers or toes) becomes numb or cool. c. Your cast softens, cracks, or breaks. d. You experience a significant increase in pain.
)	You have a prescription fortake
)	You have a clinic appointment at the hospital at 14.75 AM/PM on 9/5/01
)	You have a clinic appointment at the hospital at 14.75 AM/PM on 9/5/01 (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital
	Call (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your
)	Call (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital. Call the office (864-5455) today for an appointment for
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			u (Chart Complete
Emergency Department Record AMPM Mode of an	rival: □ P	rvt. Auto 🗆 Ambulance 🔲 P	olice PMD:	
INIO OI IIMBI IMEDIDIOI DIGITALI				Dictated 🛘
C: lements: location, quality, severity, duration, timing, context, modifying facto	ors, and as:	sociated signs and symptoms		Bed Number:
PI: Patient is a old with complaint of:				_ <u>_</u>
31 mod truster en fran	All	pion state Co	crections	<u> </u>
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- activity to the first	Ica	ture		
- X-10mp and fried	<i>u</i>			
				LMP: /
MH: 🗆 No serious illness 🗀 Old chart reviewed (date): / /	☐ A-fib [🛘 Appy. 🗀 Asthma 🗀 CABG	☐ CAD ☐ CHF	Tetanus:
MH: ☐ No serious lines ☐ Out = HTN ☐ Hyperchol. ☐ IDDM ☐ N	VIDDM 🗆	MI 🗆 PTCA 🗆 Seizures		Tetanus.
a sister				
eds: None Agree with triage list				
llergies: □ NRDA		Chiidhoo	d immunizations: [7 019
H: No related family hx				
OC: Tobacco: ETOH: Dr	rugs:	Marital (circle): S M W D	Occup:
eg. Ser REVIEW OF SYSTEMS (Circle Abnormals)	Neg.	REVIEW O	COYSTEMS	1
CONST: fever - chills - wt. loss -weakness	!	MUSC: new bone or jo		iems
EYES: acuity change	1-	NEURO: syncope - foo	ush	seizure - dizziness
ENMT: hearing loss - earache - nasal drainage - sore throat	-1-(-	PSYCH: prior psych h	et weakness - 11A	etv
RESP. SOB - cough - sputum - wheezing	14	ENDO: polyuria - poly	divsia	
CV: chest pain - palpitations - PND - orthopnea	- - -	HEME/LYMPH: bruis	ing - adenopathy	
Gl: nausea - vomiting - diarrhea - pain - melena - hematoche:	" / 	ALLERGIC/IMMUNO:	urticaria - hayfevi	er
GU: dysuria - urgency - frequency - nocturia				
OS Details: ☐ All Other Systems Negative ☐ Complete History Unoblement	talnable C	ue to:		
PHYSICAL EXAMINATION	-	☐ PE limited by acuity	☐ See ED c	ourse for further
ONS1: well-developed, well nourished Salert O no distress				
nrings in a direct of fun	ndi nl			
YES: Ilids, conjunctiva nl PERRL, irises nl discs & fun				
YES: Ilids, conjunctiva nl PERRL, irises nl discs & fun		nasal exam nl 🔲 lips, teeth,	gums, palate nl	oropharynx nl
YES: lids, conjunctiva nl PERRL, irises nl discs & fun bnl/Other: NMT: ext. ears, nose nl TM's, canals nl hearing grossly bnl/Other	intact 🛚			oropharynx nl
YES: lids, conjunctiva nl PERRL, irises nl discs & fundamental fundamental formula for the lides of the	intact 🛚		gums, palate ni	oropharynx nl
YES: lids, conjunctiva nl PERRL, irises nl discs & fun bntl/Other: NMT: ext. ears, nose nl TM's, canals nl hearing grossly bntl/Other: JECK: neck supple, symmetric, no masses thyroid nl no bntl/Other:	intact 🗆	neck nontender O full RO	M w/o pain	
YES: lids, conjunctiva nl PERRL, irises nl discs & fun hhll/Other: NMT: ext. ears, nose nl TM's, canals nl hearing grossly hhll/Other: IECK: neck supple, symmetric, no masses thyroid nl no hhll/Other:	intact 🗆		M w/o pain	
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YES: lids, conjunctiva nl PERRL, irises nl discs & fun bnl/Other: NMT: ext. ears, nose nl TM's, canals nl hearing grossly bnl/Other: IECK: neck supple, symmetric, no masses thyroid nl no bnl/Other: IESP: Zespiratory effort nl clear to auscultation percussic bnl/Other: V: MERR; no murmur, gallop, rub Pulses: carotid nl abd. bnl/Other:	intact JVD on nl aorta nl	neck nontender full RO palpation of chest nl che femoral nl pedal nl no	M w/o pain est symmetry & expa	nsion nl
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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing APPENDIX IN SUPPORT OF JOINT MOTION FOR SUMMARY JUDGMENT was served via United States First-Class Mail, postage prepaid, this 9th day of December, 2005, upon:

> Tyrone Green - EP-4593 SCI Smithfield 1120Pike Street P.O. Box 9999 Huntingdon, PA 16652

> > /s/ Elizabeth M. Yanelli ELIZABETH M. YANELLI, ESQUIRE Pa. I.D. No. 86932

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Attorney for Defendants, Mark Baker, D.O. and Dan Telega, P.A.